# F23000005176

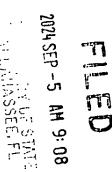
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(-1.), -1.1.0 -1,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700435948147

09/05/24--U1020--01/ \*\*52.50





#### **COVER LETTER**

TO: Amendme	ent Section Division of Corporati	ons	
SUBJECT: UNIV	ERSAL CLAIMS SOLUTIONS,	INC	
		e of Corporation	
DOCUMENT NU	MBER: F23000005176		
The enclosed Ame	ndment and fee are submitted for	filing.	
Please return all co	orrespondence concerning this ma	atter to the following:	
SARA REEVES			
	Name of Contact Person		
YEAR TO YEAR	CONSULTING, LLC		<i>∞</i> 28
· · · · · ·	Firm/Company	<del></del>	24 S
1580 N POINT PE	RAIRIE ROAD		2024 SEP -5
	Address		AS T
WENTZVILLE, N	4O 63385		AM 9: 08
	City/State and Zip Code	<del></del>	: 08
SARA.REEVES@	)Y2YC.COM		is i
E-mail addre	ss: (to be used for future annual r	eport notification)	
For further informa	ation concerning this matter, plea	se call:	
SARA REEVES		636 639-1880	
Name	e of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a check	k for the following amount:		
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy

#### Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

### SECTION 1 (1-3 MUST BE COMPLETED)

	23000005176				
_	(Document number of corporation (if known)				
UNIVERSAL CLAIMS SOLUTIONS	S. INC				
(Name o	of corporation as it appears on the records of the Department	nent of State	:)		
MISSOURI	3. 9/11/2023				
(Incorporated und	der laws of) 3. (Date authori	zed to do bu	siness in Fl	orida)	
(4	SECTION II 4-7 COMPLETE ONLY THE APPLICABLE CHAN	(GES)			
27/2	f the corporation, when was the change effected under the	he laws of its	s jurisdictio	n of	
N/A					
(Name of corporation after the amend not contained in new name of the corp	lment, adding suffix "corporation," "company," or "incoporation)	rporated," o	r appropria	te abbr	eviation,
(If new name is unavailable in Florida	, enter alternate corporate name adopted for the purpose	of transacti	ng business	in Flo	rida)
6. If the amendment changes the pe	riod of duration, indicate new period of duration.				
N	/A		G)	20	
_	(New duration)		MIL	2024 SEP -	
. If the amendment changes the jur	risdiction of incorporation, indicate new jurisdiction.  DELAWARE		TALLANASSEE, FL	-5 AM 9: 08	MO
			m,,,	ڡ	
	(New jurisdiction)		73	80 :I	
If amending the registered agent an new registered agent and/or the new	nd/or registered office address in Florida, enter the n	ame of the	구를	# 08	
	nd/or registered office address in Florida, enter the n	ame of the		80 :	
new registered agent and/or the new	nd/or registered office address in Florida, enter the n	ame of the		# 08	
new registered agent and/or the new	nd/or registered office address in Florida, enter the n w registered office address:  (Florida street address)	ame of the	(Zip Code)		

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change: Title/ Capacity Name | Address Type of Action  $\square$ Add Remove  $\square$ Add Remove Remove  $\square$ Add Remove 10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) PRESIDENT
(Title of person signing) (Typed or printed name of person signing)

FILING FEE \$35.00